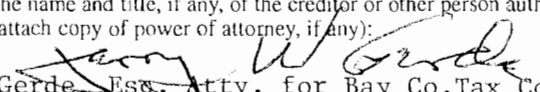


UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
Name of Debtor DELPHI AUTOMOTIVE SYSTEMS LLC		
Case Number 05-44640		
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): BAY COUNTY TAX COLLECTOR		THIS SPACE IS FOR COURT USE ONLY
Name and address where notices should be sent: c/o Jerry W. Gerde, Esq. 239 E. 4th St. Panama City, FL 32401		
Telephone number: (850) 763-8421		
Last four digits of account or other number by which creditor identifies debtor: 12009-043		Check here <input checked="" type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: 5/2/06
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes Personal Property <input type="checkbox"/> Other _____		
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
2. Date debt was incurred: 1 01-01-06		3. If court judgment, date obtained: N/a
4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.		
Unsecured Nonpriority Claim \$ _____ <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: Automotive Parts <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other _____ Value of Collateral: \$ Unknown Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____
Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
5. Total Amount of Claim at Time Case Filed: \$ _____ \$16,270.91 \$16,270.91 (unsecured) (secured) (priority) (Total) <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. Ex. "A" 8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		THIS SPACE IS FOR COURT USE ONLY <div style="text-align: center; font-size: 2em; font-weight: bold; transform: rotate(-5deg);">EXHIBIT D</div>
Date 2/23/07	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <div style="text-align: center;">  Jerry W. Gerde, Esq. Atty. for Bay Co. Tax Collector </div>	

NOTICE OF AD VALOREM TAXES & NON-AD VALOREM ASSESSMENTS
 BILL# P 822800 2006
 PERSONAL PROPERTY TAX/NOTICE **PROPERTY # P 12009-043**
 RECEIPT FOR BAY COUNTY

IF PAID IN TOTAL DUE	11/30/2006	12/31/2006	01/31/2007	02/28/2007	03/31/2007
	15,777.85	15,942.20	16,106.55	16,270.91	16,435.26

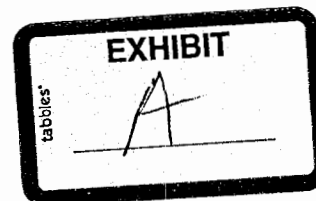
AD VALOREM TAXES

TAXING AUTHORITY	MILLAGE RATE	TAX AMOUNT
SCHOOL RLE	.00514400	\$5,924.52
COUNTY LYNN HAVEN	.00416200	\$4,793.52
NW FL WATER MGT	.00325000	\$3,743.14
SCHOOL DISC	.00005000	\$57.59
	.00166400	\$1,916.49
* TAX BILL AMT		\$16,435.26
** TOTAL DUE		\$16,435.26
TOTAL AD-VALOREM:		\$16,435.26

NON-AD VALOREM ASSESSMENTS

TAXING AUTHORITY	TAX AMOUNT
TOTAL NON-AD VALOREM:	\$0.00

COMBINED TAXES & ASMTS: \$16,435.26



UNPAID **\$16,270.91**
BALANCE: